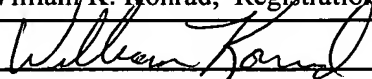


TRANSMITTAL FORM	Application Number	10/632,882
(To be used for all correspondence after initial filing)	Filing Date	July 31, 2003
	Inventor	P. Gopalraja et al.
	Group Art Unit	1753
	Examiner Name	S. H. Versteeg
Total Number of Pages in this Submission: 19	Attorney Docket Number	006775USA

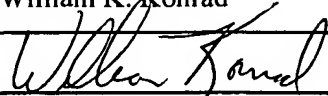
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; ___ references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Formal Drawings: ___ sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: _____ <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, and/or Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___ <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input checked="" type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	William K. Konrad, Registration No. 28,868	
Signature:		
Date:	December 19, 2005	
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 90212 (310) 556-7983		<input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 50-0585

CERTIFICATE OF MAILING OR TRANSMISSION

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Date:	December 19, 2005	



PATENT
006775USA
7828.7082

In re Application of)
Gopalraja, et al.) Examiner: Steven H. Versteeg
Serial No.: 10/632,882)
Filed: July 31, 2003) Art Unit: 1753

For: SELF-IONIZED AND CAPACITIVELY-COUPLED PLASMA FOR SPUTTERING AND RESPUTTERING

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.
The fee (large entity basis) has been calculated as shown below:

Total claims	45	less claims previously paid for	50	=	x fee (\$50)=\$0
Independent claims	3	less claims previously paid for	4	=	x fee (\$200)=\$0
Total claims fee:					

☒ A check in the amount of \$ 120 to cover the extension fee is enclosed.
☐ A check in the amount of \$ to cover the filing fee is enclosed.
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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0585. A duplicate of this sheet is enclosed.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Dated: December 19, 2005

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William K. Konrad 12/19/05
(Date)